



Senate

General Assembly

January Session, 2015

File No. 614

Senate Bill No. 995

Senate, April 13, 2015

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING FUNDING FOR MUNICIPAL
HEALTH DEPARTMENTS AND HEALTH DISTRICTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-245 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 Upon application to the Department of Public Health, each health
4 district that has a total population of fifty thousand or more, or serves
5 three or more municipalities irrespective of the combined total
6 population of such municipalities, shall annually receive from the state
7 an amount equal to one dollar and eighty-five cents per capita for each
8 town, city and borough of such district, provided (1) (A) the district
9 employs a full-time director of health, or (B) a vacancy exists in the
10 director of health position for more than ninety days and the
11 Commissioner of Public Health grants the health district a waiver from
12 the requirement for a full-time director of health, (2) the Commissioner
13 of Public Health approves the public health program and budget of
14 such health district, [(2)] (3) the towns, cities and boroughs of such

15 district appropriate for the maintenance of the health district not less
16 than one dollar per capita from the annual tax receipts, and [(3)] (4) the
17 health district meets the requirements of section 19a-207a, within
18 available appropriations. Notwithstanding the provisions of this
19 section, any health district formed during a fiscal year shall, for that
20 fiscal year, receive an amount prorated from the date of formation.
21 Such district departments of health are authorized to use additional
22 funds, [which] that the Department of Public Health may secure from
23 federal agencies or any other source and [which] that it may allot to
24 such district departments of health. The district treasurer shall
25 disburse the money so received upon warrants approved by a majority
26 of the board and signed by its chairman and secretary. The
27 Comptroller shall quarterly, in July, October, January and April, upon
28 such application and upon the voucher of the Commissioner of Public
29 Health, draw the Comptroller's order on the State Treasurer in favor of
30 such district department of health for the amount due in accordance
31 with the provisions of this section and under rules prescribed by the
32 commissioner. [Any] For the fiscal years ending June 30, 2015, and
33 June 30, 2016, any moneys remaining unexpended at the end of a fiscal
34 year shall be included in the budget of the district for the ensuing year.
35 For the fiscal year ending June 30, 2017, and each fiscal year thereafter,
36 any such moneys shall revert to the General Fund of the state. This aid
37 shall be rendered from appropriations made from time to time by the
38 General Assembly to the Department of Public Health for this purpose.

39 Sec. 2. Section 19a-202 of the general statutes is repealed and the
40 following is substituted in lieu thereof (*Effective October 1, 2015*):

41 Upon application to the Department of Public Health any municipal
42 health department shall annually receive from the state an amount
43 equal to one dollar and eighteen cents per capita, provided such
44 municipality (1) employs a full-time director of health, except [that] if a
45 vacancy exists in the [office of] municipality's director of health
46 position or the [office] position is filled by an acting director for more
47 than [three months] ninety days, such municipality shall not be eligible
48 for funding unless the Commissioner of Public Health [waives this

49 requirement] grants the municipal health department a waiver of the
 50 requirement for a full-time director of health; (2) submits a public
 51 health program and budget [which] that is approved by the
 52 Commissioner of Public Health; (3) appropriates not less than one
 53 dollar per capita, from the annual tax receipts, for health department
 54 services; (4) has a population of fifty thousand or more; and (5) meets
 55 the requirements of section 19a-207a, within available appropriations.
 56 Such municipal department of health may use additional funds, which
 57 the Department of Public Health may secure from federal agencies or
 58 any other source and which it may allot to such municipal department
 59 of health. The money so received shall be disbursed upon warrants
 60 approved by the chief executive officer of such municipality. The
 61 Comptroller shall annually in July and upon a voucher of the
 62 Commissioner of Public Health, draw the Comptroller's order on the
 63 State Treasurer in favor of such municipal department of health for the
 64 amount due in accordance with the provisions of this section and
 65 under rules prescribed by the commissioner. [Any] For the fiscal years
 66 ending June 30, 2015, and June 30, 2016, any moneys remaining
 67 unexpended at the end of a fiscal year shall be included in the budget
 68 of such municipal department of health for the ensuing year. For the
 69 fiscal year ending June 30, 2017, and each fiscal year thereafter, any
 70 such moneys shall revert to the General Fund of the state. This aid
 71 shall be rendered from appropriations made from time to time by the
 72 General Assembly to the Department of Public Health for this purpose.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2015</i>	19a-245
Sec. 2	<i>October 1, 2015</i>	19a-202

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Public Health, Dept.	GF - Potential Revenue Gain/Potential Savings	None	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 16 \$	FY 17 \$
Municipal health departments and districts	See Below	See Below	See Below

Explanation

The bill results in a potential revenue loss of less than \$300,000 beginning in FY 17 to local health departments and a corresponding General Fund revenue gain by no longer allowing districts to carry unexpended funds into the next fiscal year. Based on the past three years, the average amount carried forward by all districts was \$330,000 per year. It is anticipated that after the carry forward provision is eliminated less funding will be unexpended and available to be returned to the General Fund.

The bill also no longer allows a newly formed health district to receive full year funding unless it is in effect for a full year. Funding will be prorated based on the date of joining or forming a district. This may result in less funding to certain municipal health districts and a corresponding savings to the General Fund.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 995*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING FUNDING FOR MUNICIPAL HEALTH DEPARTMENTS AND HEALTH DISTRICTS.*****SUMMARY:**

This bill requires qualifying health districts applying to the Department of Public Health (DPH) for state funding to either (1) employ a full time health director or (2) if the district's health director's position is vacant for more than 90 days, get a waiver of this requirement from the DPH commissioner. There is a similar provision for municipal health departments in existing law; however, that provision also makes a municipality ineligible for this funding if the health director's position has been filled by an acting director for more than 90 days, unless a waiver is granted. The bill does not specify how a short-term vacancy would affect eligibility for funding.

The bill also requires that the amount of DPH funding a health district receives when it is formed be prorated for the fiscal year, from its date of formation.

Under current law, unspent money at the end of each fiscal year remains in the budget of the receiving district or department for the following year. Under the bill, unexpended money, beginning with FY 17, reverts to the General Fund.

EFFECTIVE DATE: October 1, 2015

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 23 Nay 5 (03/25/2015)